
1910-1935

SOUVENIR
of the
TWENTY-FIFTH ANNIVERSARY
of the opening of
The Manitoba Sanatorium
at
NINETTE, MANITOBA

Where there is no vision the people perish.

—SOLOMON

The Sanatorium Board of Manitoba, 1935

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Vice-Chairman.....	C. E. STOCKELL
Chairman, Administration Committee.....	MAJOR G. W. NORTHWOOD
Chairman, Finance Committee.....	DR. R. M. SIMPSON
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STAFF AS AT SEPTEMBER 1st, 1935

Medical Superintendent:

DAVID ALEXANDER STEWART, B.A., M.D., F.R.C.P., (CAN.), LL.D.

Assistant Medical Superintendent

EDWARD LACHLAN ROSS, M.D.

Physician in Charge, Central Tuberculosis Clinic

DONALD L. SCOTT, M.D.

Medical Assistants for Sanatorium, Central Clinic and Travelling Clinics.....	Senior	HERBERT MELTZER, M.D. A. L. FAIRB, M.D.
		LOUIS CHERNIAK, M.D.
	Junior	MURRAY H. CAMPBELL, M.D. D. E. FORD, M.D.
		ELLA PETERS, M.D.

Lady Superintendent.....	MISS JEAN HOUSTON, Reg. N.
Lady Superintendent (Central Clinic).....	MISS MARGARET MACDONALD, Reg. N.
Dietician.....	MISS DORIS GOULDING
Chief Engineer.....	J. R. SCOTT
Accountant.....	JOHN MACK
Chief Radiographer.....	WALTER ANDERSON, R.T.
Steward.....	W. B. STEWART
Secretary.....	MISS G. M. WHEATLEY
Secretary (Central Clinic).....	MISS E. McGARROL
Teacher.....	MISS EDNA CALVERTLEY, B.A.
Provincial Public Health Nurse.....	MISS ELISE J. WILSON, Reg. N.

Auditors: RIDDELL, STRAIN, GRAHAM AND HUTCHINSON



Manitoba Sanatorium from the Air

Photo by Mr. Allen B. B.

Whatever thy hand findeth to do, do it with thy might.—Solomon.

A Quarter Century, 1910-1935

Manitoba versus Tuberculosis

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The treatment of "consumption" on something like the sanatorium plan goes back to the English Brompton in the forties and to the German Breiten and Dettweiler in the fifties and sixties of the last century; but the great impetus came with the finding of the guilty germ in 1882. Three years after this great event Dr. Trudeau opened the "little red" cottage at Saranac in the American Adirondacks. After another ten years Canada fell in line, and ten years still later some forward-looking people in Manitoba wondered if somehow our Great White Plague might not be stayed.

BEFORE-WAR

The movement that led to the building of the Manitoba Sanatorium at Nisette began within the Provincial Board of Health with Dr. R. M. Simpson as chairman, and Dr. Gordon Bell a very active member. This Board was constituted a Sanatorium Board and added to its numbers. The Trustees at this early stage were: Dr. R. M. Simpson, chairman, Drs. Gordon Bell, E. W. Montgomery, F. L. Schaffner, J. M. Eaton, S. W. McInnis, and Messrs. Howard Mitchell, C. C. Chipman, E. F. Hatchings, Horace Cherrier, R. M. Manning, W. A. Windsor, George E. Wood, J. A. M. Atkins, E. L. Dewry, John Inglis, H. J. MacDonald, D. W. McDermid, the Hon. Robert Rogers, the Hon. George Goldwell, A. J. Andrews, W. H. Reeve, Mayor Ashdown and Reeve Cannon. E. M. Wood was Secretary.

Dr. Gordon Bell searched the province for suitable sites. Dr. McInnis collected money. A Dominion Secretary came from Ottawa to give a popular lecture. The Board developed a difference of opinion about site, but the decision was finally made in February 1909.

The (temporary) appointment of the present Superintendent dates from about that time. The Board wished a large, up-to-date sanatorium, but had only \$25,000. Plans were drawn, stone and brick began to pile up, and a belated corner-stone was laid in July, 1909, by the Hon. George Goldwell. The first buildings and images

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I expect to pass through this world but once. Any good thing, therefore, that I can do, or any kindness that I can show to any fellow-creature, let me do it now. Let me not defer or neglect it, for I shall not pass this way again.
—ARSEN.

It is within the power of man to cause all germ diseases to disappear from the earth.—PASTEUR.

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equipment cost about \$75,000 and were paid for, about one-third by popular subscriptions, one-third by subscriptions of municipalities, and one-third by government grant. These were the older part of the present administration building, which contained also the heating plant, and two pavilions.



E. L. Dewey, Chief Justice Howell and W. F. Alloway on the hot day when the Niwema site was inspected in 1907

On May 20th, 1910, the first patients were admitted. The new place had barely the essentials, and every dollar had to be stretched to do the work of three. The Superintendent had to be his own assistant, his own substitute, his own secretary, his own business manager, and pretty much his own man-of-all work. Like all the early sanatoria, this one was built for patients with early

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The world is not an inn but a hospital.—Sir THOMAS BROWNE.

Be charitable before wealth makes thee covetous, and love not the glory of the Mine.—SIR THOMAS BROWNE.

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disease, but almost all who came in had lost disease. From the very beginning, here as elsewhere, a transformation from pavilion types to the hospital types of buildings went on.

A year or two after this start at Ninette the King Edward Hospital was built in Winnipeg, and has been a busy centre, and a good neighbor, ever since.

THE WAR

The new sanatorium was scarcely on its feet when the war broke out. Problems in diagnosis and demands for treatment were troubled. Diagnoses made in front line trenches in France, and O.K.'d all along the line, had to be sifted out at Ninette, and many changed. The Sanatorium became an official military centre. The new needs forced new equipment, new buildings and new staff. Fortunately the Canadian war policy was to add to existing sanatorium plants, not build new ones, so war-time building has helped with peace-time needs. War needs doubled capacity and greatly improved equipment.

WATS AND MEANS

Early in the Sanatorium history the problem of maintenance had to be worked out. The onus of payment was heavily upon the individual, and the municipality looked to only when the individual had pretty well reached his limit. Such an arrangement will never accomplish much in the clearing up of tuberculosis. What chance would there be to clear up small-pox if the sick man had to mortgage his farm to get into a small-pox hospital? After three years the Union of Manitoba Municipalities proposed the better plan of a levy to be paid by the municipalities *pro rata* which would automatically take care of all who could not pay for themselves. This levy plan, originating in Manitoba, was copied elsewhere, notably in Saskatchewan. The levy has been more and more counted upon by sick people until now money received from individuals forms a small part of revenue. Sanatorium doors in Manitoba are not quite so widely open as in Saskatchewan, where there is universal free treatment, but they are more widely open than in any other province of Canada. This levy applies only to the organized municipalities outside the four cities.

TEACHING

Very early in its history the sanatorium began to be host to medical students and young graduates. In twenty-one years several hundreds have served a part of their apprenticeship here, with benefit

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It is a wise rule to take the world as we find it, not dream to have it so.—CONFUCIUS.

To know just what has to be done, then to do it, comprises the whole philosophy of practical life.—Oscar.

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alike to student, to sanatorium, and to the cause. In later years a good many nurses have had post-graduate training here also. We learn by doing, also by teaching.

HIGHWAYS AND HINDERS

From the very beginning it was seen that the campaign against tuberculosis is not merely a hospital matter of treating the sick, but a Public Health matter of hunting for the infected who are going to be sick. The use of the X-ray, perhaps the greatest advance in diagnosis in all the centuries, has made it practicable to find disease



David Alexander Stewart, B.A., M.D., F.R.C.P. (Can.), LL.D.

at early stages. We gathered in for examination all the contacts and suspected people we could lay our hands on, but soon realized that we would have to go to them, since they were seldom able to come to us. Thus Travelling Clinics began in 1926, which now make 4000 examinations a year in about forty different places. Working in partnership with the Public Health Nursing service they search all known centres of infection, gather in many who need care, and help the doctors to keep many more safely under observation at home.

This wide-spread yearly survey of the Province does not add to the tax-payer's burden, except voluntarily, when, along about the end

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True charity is regardless.—St. Thomas Browne.

Let a man contend to the uttermost for his life's art prize, be it what it will.—ROBERT BROWNING.

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of each year, he responds, gladly we trust, to the request "**BUY CHRISTMAS SEALS AND BANISH TUBERCULOSIS.**" It is supported entirely by Christmas Seals.

EXPANSION

This intensive search soon filled all beds and an appeal was made to the Provincial Government for help to provide more. Plans were ready and a site selected when the Sisters of St. Boniface put forward a plan for another sanatorium at St. Vital, which since the fall of 1931 has carried its full share of the load of treatment. The need of a Winnipeg Central Clinic, a clearing-house constantly open, was urgent not only for Winnipeg but for the Province as tributary to Winnipeg. This was opened in 1930 and has been increasingly used and useful.



The Sanatorium at the Time of Opening, 1910

TREATMENT

When the Sanatorium opened at Ninette twenty-five years ago we spoke about Food, Fresh Air, and Rest, and when we were wise said the greatest of these was *Rest*. We spoke also about the bad seed of disease and the receptive soil of bad habits and conditions and tried to teach about all the better ways of living that would make people resistant to evil weed-seeds of disease.

More and more as time has gone by the importance of Rest for cure has impressed us. But for over twenty years now another means of treatment, or rather another phase of rest treatment, has

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The excellency of knowledge is that wisdom giveth life to them that have it.—ECCLESIASTES.

Though I have all faith, so that I could remove mountains, and have not charity, I am nothing.—Saint Paul.

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best of growing importance, that is the healing of a diseased lung by collapsing it, temporarily or permanently. When this is not possible by the simpler plan of keeping up an air cushion between lung and chest wall, it has been done in the past few years by the surgical plan of removing ribs, that is taking the stiffening out of the chest wall, and so collapsing the whole wall. So surgery, at first the rather mild surgery of the needle and atmospheric air, and later the more radical and even major surgery of rib removal has come to have a large and beneficent place in the treatment of lung tuberculosis. The time came here as elsewhere when the major measures as well as the minor were found to belong to the regular day's work of a sanatorium, so one of the latest additions has been up-to-date provision for surgery within the Sanatorium. The new equipment was largely donated by generous friends.

A BROADER SURVEY

The Sanatorium began as a voluntary institution, with municipal and provincial government backing. Its Board for twenty years was elected at annual meetings and considered the affairs only of the Sanatorium at Ninette. When the Travelling Clinics were well under way, the Central Clinic in Winnipeg in operation, the St. Boniface Sanatorium planned and the King Edward Hospital carrying on as usual, it was considered that the Board should be re-organized as a general Sanatorium Board of Manitoba, with statutory representatives of Government Departments of Health and Municipalities, of the Union of Manitoba Municipalities, of the Tuberculosis Institutions, and of the Medical Profession. This is the present constitution of the Board, partly voluntary, partly official. It aims to keep a general outlook over the whole anti-tuberculosis campaign in Manitoba and act in a general advisory capacity, but it acts also as a Board of Managers for the Manitoba Sanatorium at Ninette, the Central Tuberculosis Clinic and the Travelling Clinics.

OFFICERS AND STAFF

The present Board members, the hosts today, are named elsewhere in this booklet. The Chairman, Mr. John McEachern, is in his eighteenth year as member of the Board, and in his fourteenth as Chairman. The Vice-Chairman, Mr. Stockdill, has been on the Board for ten years, and is in his fourth year in his present office. Besides a small executive, there is an Administration or Managing Committee, presided over by Major G. W. Northwood, who is in his fourteenth year of Board membership, and a Finance Committee

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Tuberculosis is a challenge to the life, the health, the happiness and the future of children.

Hospitals are not merely repair shops for broken down humanity. Preventing disease may be just as much a hospital duty as curing it.

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headed by Dr. R. M. Simpson, whose services, at first as Chairman of the Board, have been continuous for nearly thirty years. Colonel Reid has been on the Board for ten years and the Secretary-Treasurer for five.

In the staffs of the Sanatorium and the Central Clinic the Superintendent is not the only old timer. One man has been on the job continuously since building began in the spring of 1909. Others have had twenty-five, twenty-four, twenty-two years of service, and several around the twenties. Dr. Ross has been on the job for over ten years, and Dr. Seer almost as long. It might be ungallant to mention the lengths of services of ladies of the Staff, but about quality of services there is no doubt.



The Central Tuberculosis Clinic, Bannockburn Avenue, Winnipeg

WHAT HAS BEEN ACCOMPLISHED?

Any of us who can look back thirty years or less can remember what we called the White Plague, the Captain of the Men of Death - Consumption, Tuberculosis, as rampant here and everywhere. Three neighboring Manitoba farm houses had twenty-three deaths from this cause in twenty-one years. Sifting all data and taking comparable elements in the populations then and now, the death rate from tuberculosis is now one-fifth what it was. Thousands

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The care of the sick is to be placed above and before every other duty
—SAMUEL JOHNSON

*He who helps a child helps humanity with a directness and an immediate
ness which help in any other human creature cannot give*

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in Manitoba people go about their work not conscious of any escape from danger, who would have been in their graves long ago if the old death rate had kept up. Not only has the tuberculous death total been cut in five, and much tuberculous illness prevented, but nests of infection have been cleared up, and are being cleared up all the time. The Province is becoming gradually a tuberculous free area and may become something like a tuberculous free area in time. The Indian element is always a menace, with a death-rate twenty-four times that of the whites.

But a lowering in death and disease rates, and all the teaching that has gone to make life and living more wholesome, are small things compared with making the Province free from infection, and a cleaner place to live in and bring up children in. Even the grey-beards who lived more than half their lives before the new day have been benefited in a score of ways by the institutions, the campaigns, and the *arguing* we are celebrating the quarter century of. But wherever the general tuberculous death rate has been cut to one-fifth, as in Manitoba at this quarter century, we can be very sure that the menace of tuberculosis to the present and later health and happiness of young children now taking their first foot-steps in the pathway of life, has been cut to at most one-tenth. The best result of the quarter century has been a healthier, cleaner Province for these Children of the New Day to grow up in.

D. A. STEWART

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"Good enough" is not good enough. Nothing is good enough but the best.

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*And thro' our life, exempt from public haunt,
Finds tangents in trees, looks in the running brooks,
Stammers in stones, and good in everything.*

—As You Like It

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Brown's loss from tuberculosis is one hundred lives and a quarter of a million pounds a day. Canada's, twenty-two lives, and one-third of a million dollars a day.

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The race marches forward on the feet of little children

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Twenty five years ago people were taught by lectures on tuberculosis in the community hall; now they are best taught by tuberculous stories in the community hospital. A mother will learn more by bringing her family of contacts for examination than by a whole term of lectures.

Manitoba Sanatorium at Ninette

A few years ago Miss Nan Moulton, who had followed the Sanatorium year by year by reports to the *Union of Manitoba*, paid a visit to Ninette. Some of her graphic impressions are here reprinted from the *Western Manitoba News*, November issue, 1931.

JOHN McFARLANE, Chairman.

By

THE MAN

In November, 1909, a young man with a lantern came to the convention at Portage la Prairie of the Union of Manitoba Mammalogues. A banner of black hair blew over his forehead, a gleam of white teeth went with his smile, his eyes were lit with a vision. He made me think of a crusader—he still does—a crusader vowed to the driving out of the Infidel of Tuberculosis from the Holy Land of Health. That young man was Dr. David Alexander Stewart, B.A., just starting out on his long march.

THE PLACE

On Thanksgiving Day, 1931, I stood on a coloured hill-slope up from the bright, broken waters of Pelican Lake and, in an air all crystal with sun and still with autumn, saw the crusader's vision materialized into a sort of hill-fortress at the rim of the old river-bed, a little principality of red roofs and white stucco walls, the comely outer aspect of the accomplished Manitoba Sanatorium.

The years between are veined with the history of this accomplishment, ply over ply of teaching, of experiment, of inspiration, of effort, of obstacle, of growth, of new knowledge, of change, the pressure of events, the trend of the times, the colour of war, the human equation and reaction, the march of science and the twists of destiny.

THE TIME

When Dr. Stewart came to that Portage convention, it was to tell of the world's awakening attitude towards tuberculosis as controllable, avoidable, even conquerable, to sound the trumpets of a new war in Manitoba, his illustrative lantern slides campaign posters to stimulate enlistment, enlistment of interest and sympathy and funds for the war chest.

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Tuberculosis is a challenge to civilization because it is a by-product of some of the mistakes of civilization.

The Souderton from the Hill



We cannot get away from the law of the modern community that for good or ill we are all members one of another

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Men like Dr. Gordon Bell, Dr. R. M. Simpson, Dr. E. W. Montgomery and Dr. Melnos of Brandon were responsible for this movement in Manitoba and the newly formed Sanatorium Board (formed out of the Provincial Board of Health) with Dr. Simpson at its head had in 1906 asked Dr. Stewart if he would go out through the province and work up a sentiment in favour of building a sanatorium. But having just graduated in medicine, he preferred to finish his two years as an internist at the Winnipeg General Hospital. Then he went off and saw some tuberculosis work in the East and New York City and went on as assistant in a Connecticut institution. When a renewed invitation came from Manitoba early in 1909, he was ready to accept.

When the Sanatorium at Ninette was opened a year later in the spring of 1910, our young crusader was not present. It had been a pretty strenuous year and he was at Saranac Lake taking the cure himself, an experience always supposed to be an asset to a sanatorium superintendent. He came back in November and started work as Medical Superintendent of "a very small sanatorium with the least possible equipment and the largest possible array of difficulties."

Incidentally the first patient was received at the new Sanatorium May 20th, 1910.

The expansion was gradual. The first addition was the Gordon Cottage, the gift of Dr. C. W. Gordon (Ralph Connor) of Winnipeg. Then the King Edward Memorial Cottage, presented by the Fort Garry Chapter of the Daughters of the Empire — and a first section of Infirmary.

In 1913 and 1916 there was an addition to the Infirmary, and the Superintendent's Residence was built. Two military pavilions were erected in 1917 and the Administration Building was enlarged and after there was quite a military expansion which included a new pavilion, the Nurses' Home additions and improvements to the power plant, the shops, the lighting system, laundry and grounds. By the arrangement between the Sanatorium Board, the Provincial Government and the Military Hospitals Commission, the additions were later to be the property of the Sanatorium.

THE SANATORIUM AS A CENTRE OF EDUCATION

(a) *Medical Students' Course*

The institution at Ninette was, so far as known, the first Sanatorium in the world to take medical students as assistants for an

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Care for the sick man compaction first may make the stronger appeal, but care for the infected community safety first pays the bigger dividends. Care is good, but prevention is better.



The Library Building, East and West Wings

*The bull's eye of our target today is not the man who is sick and knows it,
but the child who is infected and doesn't know it.*

* * *

intensive short course. This pioneering policy was adopted in 1914 and was commented on in medical journals of the day. Some years later the Canadian Anti-Tuberculosis Association called the attention of medical schools and sanatoria to the co-operation between the Medical School and Sanatorium in Manitoba for the teaching of students. Practically all the students of the Manitoba Medical College come out.

(8) Speaking and Writing

I picked up, while in the Sanatorium offices, a handful of pamphlets at random whose titles run like this:—"The Epidemiology of Tuberculosis," "Modern Facts and Phases of Tuberculosis," "Rest," "The Social Ramifications of Tuberculosis," "Health and the School," "Sir John Richardson," "The Nurse Herself," "Four Master Words," "The Writing of Medical Histories," "The Spirit of Man," "Travel Notes of the European Tour of Canadian Doctors Associated with Tuberculosis Sanatoria and Clinics," all with Dr. Stewart's signature. "Tuberculosis in Nurses" was signed by Dr. Ross, who is making a special study of this phase.

These are but the merest fraction of the addresses to medical societies, nurses, students, general audiences, of the papers written and the papers published and, later, radio talks have been added.

THE SCHOOL MASTER

There is another kind of education going on within the institution itself, the teaching of the patients in ordinary school branches by a qualified teacher supplied by the Department of Education, so the improvement of the mind proceeds with the cure of the body.

THE TRAVELLING CLINIC—SCOUTING

The Sanatorium has always been a clinic also. There have always been numbers coming for consultation, examination and diagnosis, among them many ex-patients desiring to be checked up. There have been thousands of follow-up letters to ex-patients. This "out-door" work continually increased until now it averages nearly one thousand examinations a year. A few years back the Provincial Board of Health set apart a public health nurse to have a special oversight of as many as she could reach of tuberculosis cases in the Province. She kept in touch with the Sanatorium and the out-going patients, a sort of liaison officer, and gave service to patients and contacts in the home.

The vision now had come to be that, even more than the salvage

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The greatest trust between man and man is the trust of giving counsel.
—FRANCIS BACON.

We must stop letting Today be the effect of Yesterday, and begin to make it the cause of Tomorrow.—W. D. KENDALL.

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of individuals, mattered the checking of the spread of tuberculosis throughout the Province, that this was the most important feature of the work because of its significance to future generations. So in 1926 the Sanatorium began to go out after the contacts and the travelling clinics were begun in a somewhat impromptu manner with two "missionary journeys."

In five years fifty-seven clinics have been held and 7,947 examined. At the 1927 convention of the Union of Manitoba Municipalities, Dr. Stewart held the delegates curious, delighted and altogether interested in moving picture views of this carrying of the gospel into the regions beyond Jordan.

CENTRAL TUBERCULOSIS CLINIC

The Central Tuberculosis Clinic was established on the corner of Bannatyne Avenue and Olivia Street Winnipeg, near the Medical College and the Winnipeg General Hospital. Besides being a clearing house for the "parish" of Manitoba, the Central Clinic is a permanent Tuberculosis Registry, a central agency for the gathering of data and a centre for the co-ordination of anti-tuberculosis agencies, for the study of tuberculosis and for teaching.

CO-OPERATION

This article, written primarily for the Union of Manitoba Municipalities, is concerned entirely with the Manitoba Sanatorium and its extensions. On some other occasion the King Edward Hospital of Winnipeg and the newer Sanatorium in St. Vital may be dealt with.

"STEWART OF MANITOBA"

If Dr. Stewart sees this article, it is hoped he won't mind being dragged so bodily into the narrative. It is impossible to write the story of the Manitoba Sanatorium except around the Superintendent personally, for while the Board and Staff and the Citizens of Manitoba are members of its body, Dr. Stewart is its heart.

Wherever tuberculosis is studied, wherever it is fought, the Manitoba Sanatorium is in excellent repute. Throughout Canada and the United States and Overseas the Superintendent is known among the medical fraternity as "Stewart of Manitoba," an appellation simple and potent and proud as an ancient Scottish title. He has brilliant intellectual gifts, an inordinate capacity for work, constructive and administrative ability, a passion for mankind and a far-seeing vision.

—N. M.

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Though a cup of cold water from some hand may not be without its reward, yet stick not thou for Wine and Oyl for the wounds of the Distressed.—St. THOMAS AQUINAS.

